

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Z.B.</i>	<i>22000-0000</i>	
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		<i>59158</i>	<i>7-20-00</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	<i>11/19/02</i>
2	<i>1/31/03</i>
3	<i>7/22/03</i>
4	<i>12/1/03</i>
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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